POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SF		9-21-01
O.I.P.E. CLASSIFIER		10	09-27-01
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_ (T	Allow rough numeral) Cancel		Interference
÷	Restr		Appeal Objected
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	Claim	Date	Claim Date
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If more than 150 claims or 10 actions staple additional sheet here

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